

— AVAILABLE COPY

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>5</i>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51						
2		1				52						
3		2				53						
4			1			54						
5			1			55						
6			1			56						
7			1			57						
8						58						
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41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	1					TOTAL IND.						
TOTAL DEP.	7	↓	↓	↓		TOTAL DEP.	↓	↓	↓			
TOTAL CLAIMS	8					TOTAL CLAIMS						